

Arlington Council on Aging
27 Maple Street
Arlington, MA 02476
781-316-3400



ELDERLY AND DISABLED TAX RELIEF FUND APPLICATION

Requirements:

- You must be 60 years or older as verified by a government issued photo ID OR
- Have a state recognized disability
AND
- You must meet income eligibility requirements
- You must be a United States Citizen.
- You must pay your tax bill even if you complete this application.
- Application is due by January 31, 2019.

Program Information:

Application is due by January 31, 2019.

The Committee will meet to review applications in February and decisions will be mailed to applicants by March 15, 2019.

If funding will be granted, a reduction will be made on Quarter 4 property tax bill.

The funds available are based on donations made by residents in any given year.

Date of Application: ____/____/____

Property Owner(s): (Name(s) as appears on your tax bill) _____

Street Address: _____

How long have you resided at this address? _____

How long have you lived in Arlington? _____

Home Telephone: _____ Work/Cell Telephone: _____

Are you disabled? Yes _____ No _____.

If yes, what is your SSDI number? _____

Have you ever applied for or received any exemption for your tax bill? Yes _____ No _____

If yes, please list when: _____

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Please complete the following chart for all those who reside at this address in addition to applicant

Name	Date of Birth	Retired	Working	Unemployed

From the following list, please fill in those areas where you and all members of your household, 18 years and older obtain income.

Type of Income	Monthly
IRS 1099 Form (Int, Div, Misc)	\$
W2 Forms	\$
Trust Income	\$
General Assistance (SNAP, Fuel Assistance)	\$
Social Security	\$
SSI	\$
Unemployment	\$
Pension	\$
VA Benefits	\$
Alimony/Child Support	\$
Property Tax Work Off	\$
SSDI	\$
Other :	\$
Other:	\$

Total Monthly Income: \$

Please list other assets. For example: checking, savings 401(k) plans, stocks, certificates of deposit, and other real estate owned

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How many automobiles do you own? _____ Please list below.

Automobile	Year	Make	Registered	Unregistered
1				
2				
3				

Please list your expenses for a typical month

Expenses	Monthly
Monthly Mortgage	\$
Home Insurance	\$
Electric	\$
Gas	\$
Heating Oil	\$
Water/Sewer	\$
Cable/Internet	\$
Phone(s)	\$
Medical (insurance and other expenses)	\$
Prescriptions	\$
Life Insurance	\$
Automobile (gas, loan, insurance)	\$
Food	\$
Clothing	\$
Entertainment	\$
Credit Card Payments	\$
Other	\$

Total Expenses **\$** _____

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Other Information

If you would like to provide any additional comments on why you are seeking assistance with your tax bill, please include a brief description of your situation below (attach additional sheets if necessary).

The information provided in this application is true and correct to the best of my knowledge.

Signature:

Date:

Attention: Owners of Property in Trust: Trust ownership arrangements may affect qualification for assistance. As a general rule, an applicant must be a trustee and a beneficiary, and submit with the application:

1. A copy of the recorded trustee's certificate;
2. A copy of the trust instrument including amendments; and
3. A copy of the schedule of beneficiaries.